

# CATALOG SELECTION PETITION FORM UNDERGRADUATES



**TOWSON UNIVERSITY**  
Office of the Registrar/Academic Standards Committee  
8000 York Road  
Towson, Maryland 21252-0001  
Phone: 410-704-4351 Fax: 410-704-6393

*Please return completed form to the Office of the Registrar, Enrollment Services Center, Room 236.*

**SECTION 1: (Student completes)**

TU STUDENT ID: \_\_\_\_\_ OR SOCIAL SECURITY NUMBER: (optional, TU ID preferred) \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
*Last First M. I.*

ADDRESS: \_\_\_\_\_  
*Street City State Zip code*

PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

TU E-MAIL ADDRESS: \_\_\_\_\_

### CATALOG CHANGE

I am a degree-seeking candidate at Towson University, previously following the \_\_\_\_\_ catalog. After consulting with my advisor, I wish to select the \_\_\_\_\_ catalog. I understand that this catalog will be in effect for ten years from its original publication, and that I will be able to complete my undergraduate degree before this catalog expires. I realize that selecting this catalog may nullify some or all of the advising I have received prior to the change. I realize that this change may require me to complete additional or alternate course work toward my degree.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: (Administrators Complete)**

ACADEMIC STANDARDS ACTION:  REQUEST APPROVED  REQUEST DENIED

COMMENTS: \_\_\_\_\_

AUTHORIZATION: \_\_\_\_\_ DATE: \_\_\_\_\_